

# Heart Disease and Lung Cancer Won't Wait, But Patients May Have to Wait for Life-Saving Care

## *Access to Care Threatened for Top Causes of Death Baby Boomers Need More Care, Not Less*

### **THE CRISIS**

- **A disturbing national trend could jeopardize access to cardiothoracic surgery and cause seniors to wait for surgery** – The United States currently trains an average of only 139 residents in cardiothoracic surgery each year. However, the number of applicants in the National Residency Match Program (NRMP) has dropped from approximately 200 in 1995 to just 96 this year. *Of the 96 applicants, 87 matched leaving 33% of training positions unfilled and 39% of all residency training programs unfilled.*
- **Our senior citizens cannot afford to wait for cardiac and thoracic surgery – heart disease and cancer don't wait, and they are the number one and two causes of death** – Heart disease and lung cancer are the top causes of death for Americans. If this shortage of cardiac and thoracic surgeon trainees continues, seniors' access to the specialists who operate on the heart and lungs, as well as perform life saving organ transplants, will be jeopardized.
- **Sharply reduced patient access to critical cardiac and cancer care will cost lives** – coronary artery disease is responsible for nearly 600,000 deaths each year, and lung cancer kills more Americans annually than breast cancer, prostate cancer, colon cancer, liver cancer, and kidney cancer combined.
- **Half of current surgeons will retire in the next decade** – Surveys show that the average age of the approximately 3,700 practicing cardiothoracic surgeons is 55 and more than 50% will retire within 10-13 years.
- **Onset of the Baby Boomers will exacerbate the crisis** – While the supply of highly skilled surgeons plummets, the demand for cardiothoracic services will increase. The Medicare system is under tremendous strain, with a majority of the 78 million Baby Boomers in the US becoming fully eligible for Medicare in 2011. This amounts to 13 million additional patients to be served by far fewer doctors.

### **WHY DOES CRISIS EXIST?**

- **CT surgery training is long and arduous** – CT surgeons undergo rigorous training for 12 years after college graduation to gain the skill and knowledge needed to care for the most serious health issues – surgical heart and lung problems that are the leading causes of death for Americans.
- **CT surgeons make a great sacrifice** – This rigorous training requires years of personal sacrifice for a CT surgeon, who is, on average, 36.2 years old when they begin practice.

- **Rewards were substantial *in the past!*** – In the past, the substantial sacrifice made by cardiothoracic surgeons during training was partially offset by substantial rewards during the surgeon's career.
- **Rewards are now modest** – The rewards during the career of CT surgeons are now only modest compared to business and other fields of medicine. For example, heart surgeons' reimbursement for coronary artery bypass surgery has been cut by nearly 50% since 1987, with Medicare now paying surgeons a little more than \$2000 for the operation **and** 90 days of care.
- **Trainees must repay loans while in training** – We further penalize CT surgery trainees by making them repay their student loans while they are still in training.
- **The result is that trainees now choose other fields** – Faced with major sacrifices and now modest rewards, young doctors are simply choosing other fields that offer shorter training and greater rewards. This will mean waiting weeks for heart or lung cancer surgery for Baby Boomers in the future, as critical shortages become reality.
- **We must find a way to level the playing field** – We must find a way to sufficiently reward these rigorously trained surgeons so there will be a skilled surgeon available, able, and ready to save our lives when we need them. And we must stop penalizing trainees who choose the most rigorous training programs by making them repay student loans before their training is complete.

### ***THE SOLUTIONS***

- **Congress should immediately combat this shortage now, as any action taken now will take years to come into effect.** Even if a solution were enacted today and because of the long training period, the current shortage of new CT surgeons would not be fully rectified for another 12 years.
- **Congress must stem the tide of payment reductions to cardiothoracic surgeons.** Medicare payments are slated to be cut by an additional 10% this January. If left unchanged, CT surgery payment rates will decrease 40% by 2016. These cuts will exacerbate the surgeon shortage, which means longer waiting times for patients to receive surgical care and a greater likelihood of a serious life-threatening problems arising because of that wait.
- **Congress should remove barriers to medical school graduates choosing the specialty by putting cardiothoracic surgeons on par with other specialties. CT residents should be able to defer payment on their student loans until their residencies are complete.** We must stop penalizing trainees who choose the most rigorous and longest training program by making them pay student loans before their training is complete. Congress must pass S.1066, the Medical Education Affordability Act. In addition, Congress must provide federal loan forgiveness to those medical school graduates choosing longer and more arduous training programs.